

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549251

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		2		1		
7	0	1		1		
8	0	1		1		
9	0	1		1		
10	0	1		1		
11	0	1		1		
12	0	1		1		
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14	0	1		1		
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44	0	1		1		
45	0	1		1		
46	0	1		1		
47	0	1		1		
48	0	1		1		
49	0	1		1		
50	0	1		1		
TOTAL IND.			2			
TOTAL DEP.			17			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						